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Approved for use through 10-31-2002. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL for FY 2005 <i>Patent fees are subject to annual revision</i>		Complete if Known		
		Application / Conf. No.	10/698,704 / 1939	
		Filing Date	October 31, 2003	
		First Named Inventor	Robert O. Conn	
		Examiner Name	Alexander O. Williams	
		Art Unit	2826	
TOTAL AMOUNT OF PAYMENT	(\$)	180.00	Attorney Docket No.	X-1416-3 US

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees, any additional fees required, and credit any over payments to: <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 24-0040 Deposit Account Name: XILINX, INC.		3. ADDITIONAL FEES Large Entity Fee Fee Code (\$)	
FEE CALCULATION		Fee Description Fee Paid	
1. BASIC FILING FEE		1051 130 Surcharge - late filing fee or oath	
Large Entity		1052 50 Surcharge - late provisional filing fee or cover sheet.	
Fee	Fee	1812 2,520 For filing a request for exparte reexamination	
Paid	Fee Description	1804 920* Requesting publication of SIR prior to Examiner action	
Code	Fee	1805 1,840* Requesting publication of SIR after Examiner action	
1001 770	Utility filing fee	1251 120 Extension for reply within first month	
1002 330	Design filing fee	1252 450 Extension for reply within second month	
1003 510	Plant filing fee	1253 1020 Extension for reply within third month	
1004 790	Reissue filing fee	1254 1,530 Extension for reply within fourth month	
105 160	Provisional filing fee	1255 2,080 Extension for reply within fifth month	
SUBTOTAL (1) (\$)		1401 500 Notice of Appeal	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		1402 500 Filing a brief in support of an appeal	
Total Claims	-20** =	1403 1000 Request for oral hearing	
Indep. Claims	- 3** =	1451 1,510 Petition to institute a public use proceeding	
Multiple Dependent Claims		1452 110 Petition to revive - unavoidable	
**or number previously paid, if greater; For Reissues, see below		1453 1,370 Petition to revive - unintentional	
Large Entity		1501 1,370 Utility issue fee (or reissue)	
Fee	Fee	1460 130 Petitions to the Commissioner	
Code	Fee Description	1807 50 Petitions related to provisional applications	
1202 18	Claims in excess of 20	1806 180 Submission of Information Disclosure Stmt	
1201 86	Independent claims in excess of 3	8021 40 Recording each patent assignment per property (times number of properties)	
1203 290	Multiple dependent claim, if not paid	1809 790 Filing a submission after final rejection (37 CFR 1.129(a))	
1204 86	**Reissue independent claims over original patent	1810 790 For each additional invention to be examined (37 CFR 1.129(b))	
1205 18	**Reissue claims in excess of 20 and over original patent	1801 790 Request for Continued Examination (RCE)	
SUBTOTAL (2) (\$)		Other fee (specify) _____	
		*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)	
		180.00	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Kim Kanzaki	Registration No. (Attorney/Agent)	37,652
Signature		Telephone	408-879-6149
		Date	12-29-2005

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, P.O. Box 1450, Alexandria, Virginia, 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia, 22313-1450.



JAW

Modified 02-03

PTO/SB/21 (01-03)
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> Mail Stop: AMENDMENT Express Mail Receipt No. Total Number of Pages in This Submission	Application / Conf. No.	10/698,704 / 1939
	Filing Date	October 31, 2003
	First Named Inventor	Robert O. Conn
	Examiner Name	Alexander O. Williams
	Art Unit	2826
	Patent No.	
Attorney Docket Number		X-1416-3 US

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> Preliminary Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit(s)/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Change Status to LARGE ENTITY <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement (Supplemental) <input checked="" type="checkbox"/> Substitute PTO-1449(s) IDS by Applicant (PTO/SB/08A) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (with Recordation Cover Sheet) <input type="checkbox"/> Declaration / Oath <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition - <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Customer Number	24309 <i>(Customer Number)</i>	Reg. Number 37,652
Attn:	Kim Kanzaki	
Signature		
Date	December 29, 2005	Charge any additional fees required/credit any overpayment to our Deposit Account Number: 24-0040

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on this date:			
Typed or Printed Name	Pat Tompkins		
Signature		Date	December 29, 2005

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.